PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _Gila_

District of _San Carlos_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

Town of ....

or

City of .... No................... St................... Ward

State Index No. _202_

County Registrar No. ....

Local Registrar No. ....

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Jesse Carlos Walker_

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Male_	To be answered ONLY in event of plural births.	4. Twin, triplet or other...........	6. Legitimate? _yes_	7. Date of birth _1 29 27_
		5. No., in order of birth...........		Month day year

8. FATHER	14. MOTHER
Full name _Jesse Walker_	Full maiden name _Josie Stigall_
9. Residence (Usual place of abode) _Ada_	15. Residence (Usual place of abode) _Ada_
If nonresident, give place and state _Oklahoma_	If nonresident, give place and state _Oklahoma_
10. Color or race _White_ 11. Age at last birthday _26_ (Years)	16. Color or race _White_ 17. Age at last birthday _16_ (Years)
12. Birthplace (city or place) _Sulphur_	18. Birthplace (city or place) _Tulsa_
(State or country) _Oklahoma_	(State or country) _Oklahoma_
13. Occupation Nature of industry _Electrician_	19. Occupation Nature of industry _Housewife_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _1_	21. Were precautions taken against ophthalmia neonatorum? _yes_
	(b) Born alive but now dead _0_	
	(c) Stillborn _0_	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _10 P._ m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature ....

Given name added from a supplemental report ....
Month, day, year.

Address _San Carlos, Ariz_

Filed ...., 19......

O. H. Sawyer M.D.
(Physician or midwife)

O. N. Sawyer
Local Registrar.

Registrar.

Filed _2-11_ 19_27_

County Registrar.

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